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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|---------------------------|--|--------------------|-------|------------|----------------|--------------------------------------------|--|----------|----------|------|--------------------|
| <b>NOTICE OF APPEAL FROM THE EXAMINER TO<br/>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>                                                                                                                                                                                                                                                                              |                    | Docket Number (Optional)<br><br><div style="text-align: right; font-size: 1.2em;">074937-0269804</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]<br>on _____<br><br>Signature _____<br><br>Typed or printed name _____ |                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">In re Application of</td> </tr> <tr> <td colspan="2" style="text-align: center;">FERGAL JOHN MOHAN, et al.</td> </tr> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Filed</td> </tr> <tr> <td style="text-align: center;">09/546,575</td> <td style="text-align: center;">April 10, 2000</td> </tr> <tr> <td colspan="2">For CONVERGENCE-ENABLED DVD AND WEB SYSTEM</td> </tr> <tr> <td>Art Unit</td> <td>Examiner</td> </tr> <tr> <td style="text-align: center;">2621</td> <td style="text-align: center;">BOCCIO, Vincent F.</td> </tr> </table> |  | In re Application of |  | FERGAL JOHN MOHAN, et al. |  | Application Number | Filed | 09/546,575 | April 10, 2000 | For CONVERGENCE-ENABLED DVD AND WEB SYSTEM |  | Art Unit | Examiner | 2621 | BOCCIO, Vincent F. |
| In re Application of                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| FERGAL JOHN MOHAN, et al.                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| Application Number                                                                                                                                                                                                                                                                                                                                                          | Filed              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| 09/546,575                                                                                                                                                                                                                                                                                                                                                                  | April 10, 2000     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| For CONVERGENCE-ENABLED DVD AND WEB SYSTEM                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| Art Unit                                                                                                                                                                                                                                                                                                                                                                    | Examiner           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| 2621                                                                                                                                                                                                                                                                                                                                                                        | BOCCIO, Vincent F. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))                                                                                                                                                                                                                                                                                                                   |                    | \$ <u>500.00</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:                                                                                                                                                                                                                |                    | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.                                                                                                                                                                                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>033975</u> . I have enclosed a duplicate copy of this sheet.                                                                                                                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                                                                                                                                                                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| I am the                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                                                                                                                                                |                    | <br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input type="checkbox"/> assignee of record of the entire interest.<br>See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.<br>(Form PTO/SB/96)                                                                                                                                                                                                                     |                    | Anthony Smyth<br>Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input checked="" type="checkbox"/> attorney or agent of record.<br>Registration number <u>55636</u>                                                                                                                                                                                                                                                                        |                    | <u>858-509.4007</u><br>Telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34. _____                                                                                                                                                                                                                                              |                    | <u>August 17, 2006</u><br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                                                                                                                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                           |  |                    |       |            |                |                                            |  |          |          |      |                    |

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.